

**INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL N

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/	/	/			52						
3	/		/				53						
4		3		/			54						
5		10		/			55						
6		10		/			56						
7		10		/			57						
8		10		/			58						
9		10		/			59						
10		10		/			60						
11		10		/			61						
12		10		/			62						
13		10		/			63						
14		10		/			64						
15		10		/			65						
16		10		/			66						
17		10		/			67						
18		10		/			68						
19		10		/			69						
20		10		/			70						
21		10		/			71						
22	/		/	/			72						
23	/		/	/			73						
24	/		/	/			74						
25	/		/	/			75						
26	/		/	/			76						
27	/		/	/			77						
28	/		/	/			78						
29	/		/	/			79						
30	/		/	/			80						
31	/		/	/			81						
32	/		/	/			82						
33	/		/	/			83						
34	/		/	/			84						
35	/		/	/			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.			27				TOTAL DEP.						
TOTAL CLAIMS			35				TOTAL CLAIMS						